

### Report Information

Award Type	Award Number	Prime DUNS	Calendar Yr/Qtr	Final Report
Grant	3U50CI000492-03S1	103989187	2012 / 2	Yes

### Award Recipient Information

<b>Recipient DUNS Number</b>	103989187	<b>Recipient Address 1</b>	417 FEDERAL ST STE 1
<b>Recipient Account Number</b>	S9-06-08-01	<b>Recipient Address 2</b>	
<b>Recipient Congressional District</b>	00	<b>Recipient City</b>	DOVER
<b>Parent DUNS Number</b>	042258020	<b>Recipient State</b>	DE
<b>Recipient Type</b>	2F.VW	<b>Recipient ZIP Code + 4</b>	199013635
<b>Recipient Legal Name</b>	EXECUTIVE OFFICE OF THE GOVERNOR OF DELAWARE	<b>Recipient Country</b>	USA
<b>Recipient DBA Name</b>	DIVISION OF PUBLIC HEALTH		

### Project / Award Information

<b>Funding Agency Code</b>	7523	<b>Total Number of Sub Awards less than \$25,000/award</b>	0
<b>Awarding Agency Code</b>	7523	<b>Total Amount Sub Awards less than \$25,000/award</b>	0.00
<b>Program Source (TAS) Code</b>	75-0144	<b>Total Number of Sub Awards to Individuals</b>	0
<b>Sub Account Number for Program Source</b>	N/A	<b>Total Amount of Sub Awards to Individuals</b>	0.00
<b>CFDA Number</b>	93.717	<b>Total Number of Payments to Vendors less than \$25,000/award</b>	3
<b>Amount of Award</b>	201830.00	<b>Total Amount of Payments to Vendors less than \$25,000/award</b>	67113.80
<b>Award Date</b>	08/28/2009		
<b>Award Description</b>	To improve the quality of life for patients in in-patient health care facilities in Delaware by reducing the incidence of healthcare-associated infections (HAI). Grant activities will include support for the existing committee to oversee HAI, compilation and publication of teh quarterly report of HAI in Delawrae and the development and publication of a plan to reduce HAI in Delaware.		

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Project Information		
<b>Project Name or Project/ Program Title</b>	Epidemiology and Laboratory Capacity for Infectious Disease - ARRA-HAI	<b>Activity Codes (NAICS or NTEE-NPC) (up to 10)</b>
<b>Quarterly Activities/ Project Description</b>	There were no quarterly ARRA activities during the April-June Quarter because funding was only approved up to 3/31/12. All that was done was to pay pending bills.	<b>Activity Code 1</b> E11.05
<b>Project Status</b>	Fully Completed	<b>Activity Code 2</b>
<b>Total Federal Amount ARRA Funds Received/ Invoiced</b>	186372.00	<b>Activity Code 3</b>
<b>Number of Jobs</b>	1.00	<b>Activity Code 4</b>
<b>Description of Jobs Created</b>	Until 12/31/2011, a HAI Coordinator was paid out of the grant.	<b>Activity Code 5</b>
<b>Total Federal Amount of ARRA Expenditure</b>	186372.00	<b>Activity Code 6</b>
<b>Total Federal ARRA Infrastructure Expenditure</b>	0.00	<b>Activity Code 7</b>
<b>Infrastructure Purpose and Rationale</b>		<b>Activity Code 8</b>
		<b>Activity Code 9</b>
		<b>Activity Code 10</b>

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### Infrastructure Contact

<b>Name</b>	<b>Street Address 1</b>
<b>Email</b>	<b>Street Address 2</b>
<b>Phone</b>	<b>Street Address 3</b>
<b>Ext</b>	<b>City</b>
	<b>State</b>
	<b>ZIP Code + 4</b>

### Primary Place of Performance

**Address 1** 540 S. DuPont Highway  
**Address 2** Thomas Collins Building, Suite  
#7  
**City** Dover  
**Country Code** US  
**State** DE  
**ZIP Code + 4** 19901 - 4523  
**Congressional District** 00

### Recipient Highly Compensated Officers

<b>Prime Recipient Indication</b> No	<b>Officer 3 Name</b>
<b>of Reporting Applicability</b>	<b>Officer 3 Compensation</b>
<b>Officer 1 Name</b>	<b>Officer 4 Name</b>
<b>Officer 1 Compensation</b>	<b>Officer 4 Compensation</b>
<b>Officer 2 Name</b>	<b>Officer 5 Name</b>
<b>Officer 2 Compensation</b>	<b>Officer 5 Compensation</b>

### Report Audit Trail

**Created By** JOHN HARVEY POC  
**Date Created** 07/12/2012 02:06 PM  
**Last Updated By** JOHN HARVEY POC  
**Last Updated On** 07/12/2012 02:06 PM

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### Vendor Information

<b>Sub Award Number</b>	<b>Payment Amount</b>	48883.00
<b>Vendor DUNS Number</b>	<b>Product and Service Description</b>	Needs Assessment Survey
<b>Vendor Name</b>	APIC Consulting	
<b>Vendor HQ ZIP Code + 4</b>	20005 - 4083	

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**Vendor Information**

<b>Sub Award Number</b>	<b>Payment Amount</b>	9230.80
<b>Vendor DUNS Number</b>	<b>Product and Service Description</b>	Purchase ATP Luminometers
<b>Vendor Name</b>	BayHealth Mmedical Center	
<b>Vendor HQ ZIP Code + 4</b>	19901 - 3530	

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**Vendor Information**

<b>Sub Award Number</b>	<b>Payment Amount</b>	9000.00
<b>Vendor DUNS Number</b>	<b>Product and Service</b>	Purchase Antibiotic Surveillance
<b>Vendor Name</b>	<b>Description</b>	Software
<b>Vendor Name</b>	Nanticoke Memorial Hospital	
<b>Vendor HQ ZIP Code + 4</b>	19973 - 3636	

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